

**DECLARATION UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: PROCESSES INVOLVING THE USE OF ANTISOLVENT CRYSTALLISATION

described and claimed in international application number PCT/EP2004/004383 filed April 23, 2004.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

United States Provisional Application No. 60/466,389 filed April 29, 2003

United States Provisional Application No. 60/486,473 filed July 11, 2003

European Patent Application No. 03078314.6 filed on October 21, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<i>Typewritten Full Name of Sole or First Inventor</i>	Mateo	Jozef Jacques	MAYER
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	<i>M.J. Mayer</i>		
3	Date of Signature:	12	02	2005
	Residence:	Month	Day	Year
	Amersfoort			The Netherlands
	City	State or Province	Country	
	Citizenship:	The Netherlands		
	Post Office Address: (Insert complete mailing address, including country)	Breestraat 22 NL-3811 BJ Amersfoort, The Netherlands		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	René	Lodewijk Maria	DEM MER
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	12	16	2005
	Residence:	Enter		The Netherlands
	Citizenship:	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country)	Werfstraat 16 NL-7468 GG Enter, The Netherlands		
1	Typewritten Full Name of Joint Inventor	Cornelis	Johannes Govardus	VAN STRIEN
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	12	16	2005
	Residence:	Month	Day	Year
	Citizenship:	Elst	State or Province	The Netherlands
	Post Office Address: (Insert complete mailing address, including country)	Kraaiekamp 61 NL-6662 SJ Elst, The Netherlands		
1	Typewritten Full Name of Joint Inventor	Boris		KUZMANOVIC
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	12	06	2005
	Residence:	Month	Day	Year
	Citizenship:	Arnhem	State or Province	The Netherlands
	Post Office Address: (Insert complete mailing address, including country)	City St. Elisabethshof 27 NL-6812 AV Arnhem, The Netherlands		
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:	Post Office Address: (Insert complete mailing address, including country)		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.